

The following Clinical Forms have been created, updated or discontinued and the [Clinical Forms Inventory](#) has been updated accordingly. If you have any questions regarding this Bulletin, please contact your QA Liaison.

NEW FORM(S):

Columbia Suicide Severity Rating Scale (C-SSRS) Screener

IBHIS Form (DO ONLY):	Columbia Suicide Screener
Revision Date:	8/15/16
Type of Form (LE ONLY):	NA
Implementation:	For DO: 8/15/16

PURPOSE:

- A tool to assist in screening for suicidality for potential clients

REFERENCES/INSTRUCTIONS:

- Used by practitioners for all potential clients over the age of 6
- Refer to Interim Modification to LACDMH Policy 302.13 Suicide Risk Assessment and Mitigation

Note: All progress note forms in IBHIS have been updated to include the screening questions for contacts with existing clients.

UPDATED FORMS(S):

MH 718 – Service Request Log

IBHIS Form (DO ONLY):	Service Request Log
Revision Date:	4/19/16
Type of Form (LE ONLY):	Required Data Elements
Implementation:	Immediately

KEY REVISIONS:

- The posted form was accidentally labeled as MH 709. The form has been updated to reflect the accurate form number of “MH 718”.

See all revised OMA forms posted at [Clinical Forms -Outcome Measures](#)

MH 682 – Outcomes Measures Application Child Baseline Age Group: 0-15

MH 685 – Outcomes Measures Application

Transitional Age Youth (TAY) Baseline Age Group: 16-25

MH 688 – Outcomes Measures Application Adult Baseline Age Group: 26-59

MH 691 – Outcomes Measures Application Older Adult Baseline Age Group 60+

IBHIS Form (DO ONLY):	N/A
Revision Date:	6/30/16
Type of Form (LE ONLY):	Required Data Elements
Implementation:	For DO: 8/12/16 For LE: 6 months from the date of this Bulletin

KEY REVISIONS:

- Under the Administrative Information section, the label on “Assessment Completed By” was changed from 7 characters to 10 characters for NPI #
- Under “Program Name,” the following selections were removed:
 - Specialized Foster Care-Basic Mental Health Services
 - Specialized Foster Care-Intensive Services
 - Tier I Wraparound
 - Tier II Wraparound (DCFS)
- For MH 682, under “Program Name,” Intensive FCCS-Child (IFCC-Child) was added.
- For MH 685, under “Program Name,” the following selections were added:
 - Intensive FCCS-Child (IFCC-Child)
 - Assisted Outpatient Treatment-FSP (AOT-LA-FSP)
 - Integrated Mobile Health Team-FSP (IMHT-FSP)
 - Forensic-FSP (F-FSP)
- For MH 688 and MH 691, under “Program Name,” the following selections were added:
 - Assisted Outpatient Treatment-FSP (AOT-LA-FSP)
 - Integrated Mobile Health Team-FSP (IMHT-FSP)
 - Forensic-FSP (F-FSP)

MH 683 – Outcomes Measure Application Child Key Event Change (KEC) Age Group: 0-15

MH 686 – Outcomes Measures Application

Transitional Age Youth (TAY) Event Change (KEC) Age Group: 16-25

KEY REVISIONS:

- Under the Administrative Information section, the label on “Assessment Completed By” was changed from 7 characters to 10 characters for NPI #
- Under “Program Name,” the following selections were removed:

**MH 689 – Outcomes Measures Application Adult
Key Event Change (KEC) Age Group: 26-59**

**MH 692 – Outcomes Measures Application Older
Adult Key Event Change (KEC) Age Group 60+**

IBHIS Form (DO ONLY):	N/A
Revision Date:	6/30/16
Type of Form (LE ONLY):	Required Data Elements
Implementation:	For DO: 8/12/16 For LE: 6 months from the date of this Bulletin

- Specialized Foster Care-Basic Mental Health Services
- Specialized Foster Care-Intensive Services
- Tier I Wraparound
- Tier II Wraparound (DCFS)
- For MH 683, under “Program Name,” Intensive FCCS-Child (IFCC-Child) was added.
- For MH 686, under “Program Name,” the following selections were added:
 - Intensive FCCS-Child (IFCC-Child)
 - Assisted Outpatient Treatment-FSP (AOT-LA-FSP)
 - Integrated Mobile Health Team-FSP (IMHT-FSP)
 - Forensic-FSP (F-FSP)
- For MH 689 and MH 692, under “Program Name,” the following selections were added:
 - Assisted Outpatient Treatment-FSP (AOT-LA-FSP)
 - Integrated Mobile Health Team-FSP (IMHT-FSP)
 - Forensic-FSP (F-FSP)

MH 684 – Outcomes Measures Application Child 3-Month (3M) Age Group: 0-15

**MH 687 – Outcomes Measures Application
Transitional Age Youth (TAY) 3-Month (3M) Age Group: 16-25**

MH 690 – Outcomes Measures Application Adult 3-Month (3M) Age Group: 26-59

**MH 693 – Outcomes Measures Application Older
Adult 3-Month (3M) Age Group 60+**

IBHIS Form (DO ONLY):	N/A
Revision Date:	6/30/16
Type of Form (LE ONLY):	Required Data Elements
Implementation:	For DO: 8/12/16 For LE: 6 months from the date of this Bulletin

KEY REVISIONS:

- Under the Administrative Information section, the label on “Assessment Completed By” was changed from 7 characters to 10 characters for NPI #

The Clinical Forms Bulletin is utilized to announce changes to clinical forms and data elements that are needed to capture clinical documentation within the Los Angeles County Department of Mental Health (LACDMH). The Bulletin will identify any new, updated or obsolete clinical forms. The term “clinical forms” is used to describe either a paper clinical document within a paper Clinical Record OR a set of data elements within an electronic Clinical Record. All “clinical forms” must be available upon chart review/audit.

NOTE: This Bulletin does not address requirements for electronic billing and/or reporting. Contractors should refer to the 837 Companion Guide or WebServices Guide for a complete listing of electronic data transfer requirements.

1. All Directly-Operated Providers must utilize clinical forms approved by the QA Division. The Integrated Behavioral Health Information System (IBHIS) has incorporated clinical forms, when appropriate, and has been updated to reflect the changes noted on this Bulletin.
2. All Contract Providers must utilize clinical forms in a manner defined by the designation of the clinical form within the Clinical Forms Inventory.
 - a. Required Data Element: Must maintain all required data elements of the form and have a method for producing a paper form or electronic report with all the required data elements (“Required” form type has been eliminated. All “Required” forms are now “Required Data Element” forms.)
 - b. Required Concept (Formerly “Optional”): Must have a method of capturing the specific category of information indicated by the title and data elements of the form
 - c. Ownership: Must have a method for complying with all laws/regulations encompassed by the form

DMH Policv 401.02: Clinical Records Maintenance, Organization, and Content (Note: Policv 401.02 is being revised to reflect the above information)

c: Executive Management Team Judith Weigand, Compliance Program Office	District Chiefs	Program Heads Zena Jacobi, Central Business Office	Department QA Staff	QA Service Area Liaisons Pansy Washington, Managed Care
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